

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 03-10	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: August 13, 2003	

5. TYPE OF PLAN MATERIAL (Check One)

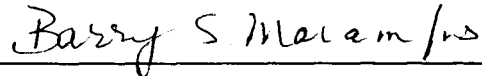
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

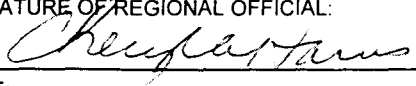
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT a. FFY '03 \$ 0 b. FFY '04 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 1, Page 9; Section 3, Page 22; Section 4, Pages 41, 45(a), 45(b), 46, 50(a), 55, 71, 77, and 78(a); Attachment 2.2-A, Pages 10 and 10(a); and, Attachment 4.30, Page 2.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 1, Page 9; Section 3, Page 22; Section 4, Pages 41, 45(a), 45(b), 46, 50(a), 55, 71, 77, and 78(a); Attachment 2.2-A, Pages 10 and 10(a); and, Attachment 4.30, Page 2.

10. SUBJECT OF AMENDMENT:

State Plan modifications per new requirements of BBA managed care regulation effective 8/13/03.

11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval.		16. RETURN TO: Illinois Department of Public Aid Bureau of Program and Reimbursement Analysis Attn: Frank Kopel, Chief 201 South Grand Avenue East Springfield, IL 62763-0001
12. SIGNATURE OF AGENCY OFFICIAL: 		
13. TYPED NAME: Barry S. Maram		
14. TITLE: Director of Public Aid		
15. DATE SUBMITTED		

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: 2/22/03
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME	22. TITLE: RECEIVED
23. REMARKS:	

SEP 30 2003

DMCH - IL/IN/OH

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: Illinois

Citation
42 CFR
431.12(b)
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care Services established in accordance with and Meeting all the requirements of 42 CFR 431.12.

42 CFR
438.104

[X] The State enrolls recipients in MCO, PIHP, PAHP, or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

TN # 03-10
Supersedes TN # _____

Effective Date 08/13/03
Approval Date DEC 22 2003

Revision: HCFA-PM-93-2 (MB)
MARCH 1993

State: Illinois

- | | | |
|---|--------------|---|
| Citation
42 CFR
435.914
1902 (a) (34)
of the Act. | 2.1 (b) (1) | Except as provided in items 2.1 (b) (2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of Application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6A. |
| 1902 (a)(47) and
1905 (a) if the
Act. | (2) | For individuals who are eligible for Medicare cost-sharing expenses as Qualified Medicare beneficiaries under Section 1902 (a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary.
<u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group. |
| 1902 (a)(47) and
1920 of the Act. | <u>x</u> (3) | Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act.
<u>ATTACHMENT 2.6-A</u> specifies the requirements for the determination of eligibility for this group. |

42 CFR (c) The Medicaid agency elects to enter into a risk
434.20 contact with an HMO that is

 Qualified under title XIII of the Public
 Health Service Act or is provisionally
 Qualified as an HMO pursuant to section
 1903 (m)(3) of the Social Security Act.

 X Not Federally qualified, but meets the
 requirements of 42 CFR 434.20(c) and is
 defined in ATTACHMENT 2.1 A.

 Not applicable

Revision: HCFA-PM-91-
1991

(BPD)

OMB No.: 0938-

State: IllinoisCitation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT
Services (continued)42 CFR 441.60 [] The Medicaid agency has in effect agreements with continuing care
providers. Described below are the methods employed to assure the
providers' compliance with their agreements.**42 CFR 440.240 (a)(10) Comparability of Services
and 440.2501902(a) and 1902
(a)(10), 1902(a)(52),
1903(v), 1915(g), ~~and~~
1925(b)(4), and 1932
of the Act Except for those items or services for which sections
1902(a), 1902(a)(10), 1903(v), 1915, ~~and~~ 1925, and 1932 of the
Act, 42 CFR 440.250, and section 245A of the
Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- [X] (iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

TN # 03-10
Supersedes TN # 91-25Effective Date 08/13/03
Approval Date 08/09/2003

New: HCFA-PM-99-3
JUNE 1999

State: Illinois

Citation

42 CFR 431.51
AT 78-90
46 FR 48524
48 FR 23212
1902(a)(23)
of the Act
P.L. 100-93
(section 8(f))
P.L. 100-203
(Section 4113)

4.10 Free Choice of Providers

(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy person, or organization that is qualified to perform the services, including of the Act an organization that provides these services or arranges for their availability on a prepayment basis.

(b) Paragraph (a) does not apply to services furnished to an individual -

(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or

(2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or

(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act, or

Section 1902(a)(23)
Of the Social
Security Act
P.L. 105-33

(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or

Section 1932(a)(1)
Section 1905(t)

(5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).

(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); or a health maintenance organization managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905 (a)(4)(c).

TN#: 03-10
Supersedes
TN # 91-30

Approval Date DEC 22 2003

Effective Date 08/13/03

Revision: HCFA-PM-91-9
November 1991

(MB)

OMB No.:

State/Territory: Illinois

Citation

1902 (a)(58)

1902(w)

4.13 (e)

For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, ~~health maintenance organizations,~~ managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:
 - (a) Maintain written policies and procedures with respect to all individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
 - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
 - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
 - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
 - (e) Ensure compliance with requirements of State law (whether statutory or recognized by the courts) concerning advance directives; and
 - (f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.

TN # 03-10
Supersedes TN # 91-24

Effective Date 08/13/03
Approval Date DEC 2 2003

Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

State/Territory: Illinois

~~statutory or recognized by the
courts) concerning advance
directives; and~~

~~(f) Provide (individually or with
others) for education for staff
and the community on issues
concerning advance directives.~~

- (2) Providers will furnish the written information described in paragraph (1)(a) to all individuals at the time specified below:
- (a) Hospitals at the time an individual is admitted as an inpatient.
 - (b) Nursing facilities when the individual is admitted as a resident.
 - (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
 - (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
 - (e) ~~Health maintenance organizations~~ Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as Recognized by the courts of the State) concerning advance directives.

Not applicable. No State law
Or court decision exist regarding
advance directives.

TN # 03-10
Supersedes TN # 91-24

Effective Date 08/13/03
Approval Date DEC 22 2003

Revision: HCFA-PM-91-10 (MB)
DECEMBER 1991

State/Territory: Illinois

Citation 4.14 Utilization/Quality Control

42 CFR 431.60
42 CFR 456.2
50 FR 15312
1902(a)(30)(C) and
1902(d) of the
Act, P.L. 99-509
(Section 9431)

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

 Directly

 X By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO —

- (1) Meets the requirements of §434.6(a):
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

~~Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designated under 42 CFR Part 462.~~

~~By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.~~

1992(a)(30)(e)
1932(c)(2)
and 1902(d) of the
ACT, P.L. 99-509
(section 9431)

 X

A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation.

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Supersedes TN #: 91-30

Approval Date DEC 2 2003 Effective Date 08/13/03

Revision: HCFA-PM-91-10 (MB)
December 1991

State/Territory: Illinois

Citation 4.14 Utilization/Quality Control (Continued)

1902(a)(30) _____ (f) The Medicaid agency meets the requirements of
and 1902(d) _____ section 1902(a)(30) of section 1902(a)(30) of
the Act, _____ the Act for control of the assurance of quality
P.L. 99-509 _____ furnished by each health maintenance
(Section 9431) _____ organization under contract with the Medicaid
P.L. 99-203 _____ agency. Independent, external quality reviews
(section 4113) _____ are performed annually by:

_____ X A Utilization and Quality Control Peer
_____ Organization designated under 42
_____ CFR Part 462 that has a contract with the
_____ Agency to perform those reviews.

_____ A private accreditation body.

_____ An entity that meets the requirements of
_____ the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the
preceding subcategory under 4.14(f) is not an agency of
the State.

42 CFR 438.356(e)

For each contract, the State must follow an open,
competitive procurement process that is in accordance
with State law and regulations and consistent with 45
CFR part 74 as it applies to State procurement of
Medicaid services.

42 CFR 438.354

42 CFR 438.356(b) and (d)

The State must ensure that an External Quality Review
Organization and its subcontractors performing the
External Quality Review or External Quality Review-
related activities meets the competence and
independence requirements.

_____ Not applicable.

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Effective Date 08/13/03
Approval Date DEC 22 2003

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: Illinois

Citation 4.18(b)(2) (Continued)

42 CFR 447.51
through
447.58

(iii) All services furnished to pregnant women.
women.

☐ Not applicable. Charges apply for services to
pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient
in a hospital, long-term care facility, or other medical
institution, if the individual is required, as a condition of
receiving services in the institution to spend for medical
care costs all but a minimal amount of his or her income
required for personal needs.

(v) Emergency services if the services meet the
requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to
individuals of childbearing age.

(vii) Services furnished by a ~~health maintenance organization,~~
managed care organization, health insuring organization,
prepaid inpatient health plan, or prepaid ambulatory
health plan in which the individual is enrolled, unless
they meet the requirements of 42 CFR 447.60.

42 CFR 438.108
42 CFR 447.60

☒ Managed care enrollees may be charged
deductibles, coinsurance rates, and copayments
in an amount equal to the State Plan service
cost-sharing.

☐ Managed care enrollees are not charged
deductibles, coinsurance rates, and copayments.

1916 of the Act,
P.L. 99-272,
(Section 9505)

(viii) Services furnished to an individual receiving hospice care, as
defined in section 1905(o) of the Act.

TN#: 03-10
Supersedes TN # 91-25

Effective Date 08/13/03
Approval Date JLC 7/2/03